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Establishing an Evidence Base for Meeting the Reproductive Health Needs of Immigrants.

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Establishing an evidence base for meeting the reproductive health needs of immigrants.

According to Merriam Webster,¹ immigration is defined as an act or instance of immigrating, specifically travel into a country for the purpose of permanent residence there. Migration is defined as the act of moving from one country, place, or locality to another. At a time when both are being debated in the public and policy domains, it is important to have clarity in how these discussions are framed. Desai and colleagues² have analyzed and provided data that are crucial in understanding how the reproductive health needs of immigrants are or are not being met by current healthcare service providers. Specifically, abortion services are evaluated from two distinct time points, between 2008 and 2009; and 2013 and 2014. What is most striking about these data are how they are reflective of the most poor and vulnerable people in society.

Despite the fact that almost most of the immigrants in this study completed high school (n=78%), half (n=50%) reported poverty level-income and almost a quarter (n=23%) reported near poverty level-income. Almost a quarter (24%) of survey respondents completed the survey in Spanish. When compared to individuals born in the United States (US), immigrants were more likely to be older, uninsured, and had not completed high school. Additionally, immigrant populations are more likely to seek their healthcare from publicly funded clinics – those that receive Title X funding,³ the federal family planning program for low-income American signed into law in 1970 by President Richard Nixon.

Historical arguments have posited that the reduction of unintended pregnancy is an important goal of public health,⁴ therefore given the fact that many immigrants seek care at Title X funded clinics, addressing abortion in this population could be achieved by providing comprehensive access to family planning services under Title X. It is unfortunate that efforts by the current administration are seeking to change the rules of Title X,⁵ to accommodate conscious claims of employees, to ensure no co-mingling of Title X and abortion funds, despite the fact that no evidence currently exists that this is occurring, and that organizations who provide both abortion and Title X services have separation of these services.

Fortunately, other ways of considering the construction and delivery of reproductive health services have emerged and Reproductive Justice (RJ) is one that has the capacity to advance public health goals and assist the public to navigate their reproductive lifecourse. Reproductive justice (RJ) coined in 1994 by Black women was conceptualized to align reproductive health and social justice to provide a broader framework to understand how Black, Indigenous, and People of Color (BIPOC) individuals view reproductive life course decision making and to provide a human rights-based theory and public health praxis⁶ to guide research and policymaking. Co-located or one-stop services and other community-based clinic care are consistent with reproductive justice principles. Since abortion access and Title X are

essential components to achieving reproductive justice (RJ), along with Medicaid expansion and Title V, it is unfortunate that clinics currently serving the largest proportion of immigrant communities are subject to politicization.

The data from Desai and colleagues provide a helpful and necessary baseline for understanding the needs of immigrant populations in the US who seek and need abortion services. The authors are correct to highlight one limitation of their study, which is that they were only able to survey those who received wanted abortions and these cross-sectional data do not represent individuals who sought abortions but did not receive them, that didn't make it to a clinic or who went without care. Serving all of the public, across the reproductive life course should be the goal of public health and these data are important first step in establishing an evidence base to determine the unique needs of immigrant populations.

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